

CORRIGENDA.

Page	3,	end of	Reason	6,	read	(See	Clause	13).
"	4,	"	"	7,	"	"	"	21, 22, 23.
"	4,	"	"	8,	"	"	"	27.
"	5,	"	"	9,	"	"	"	27.
"	5,	"	"	10,	"	"	"	27.
"	6,	"	"	11,	"	"	"	27.
"	6,	line 2 of	Suggestion	12,	read	Clause	64.	
"	6,	end of	Reason	12,	read	(See	Clause	64).
"	7,	"	"	13,	"	"	"	64.
"	7,	"	"	14,	omit	(as amended).		
"	7,	"	"	15,	"	"	"	
"	8,	"	"	16,	read	(See	Clause	72).

" 7. Suggestion 15, " as amended.

THE
MEDICAL ACT AMENDMENT BILL
1883 :

SOME SUGGESTIONS AND REASONS FOR IMPROVING
THE SAME.*

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SIR,—The subject of medical reform at the present moment being of vital importance, it behoves every member of the profession to use his best influence in improving and perfecting the Bill while it is passing through the Houses of Parliament; and this forms the basis of my plea for thus seeking to call attention to some apparently defective clauses in the Bill as issued from the House of Lords. I shall therefore briefly place my remarks under two heads—one as *suggestions*, the other as *reasons*; and should these in any way assist in elaborating a more perfect and satisfactory Bill, I shall feel amply rewarded for the trouble taken in connection therewith, as well as grateful to those who may act upon them.

Suggestion 1. Whenever the words medicine and surgery occur, *midwifery*, or *branches of medicine, surgery, or midwifery should follow*.

Reason 1. To guard against unlawfully practising in any specialty or branch of the healing art. (See Clause 4.)

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Suggestion 2. Quasi-charitable and wholly charitable institutions should not be allowed to employ practitioners *who are not fully qualified and registered.*

Reason 2. All of Her Majesty's subjects require to be protected against the frequently injurious results of *unqualified* medical attendance, and the guise of public or private charity should form no exception to this. (See Clause 8.)

Suggestion 3. A *single* examining board for the United Kingdom would be less open to variety or prejudice, and have a better influence upon both examiners and candidates. This single board might be formed of, say, *twenty* examiners—*i.e.*, of *one* representative (though I see no objection to two representatives beyond the extra expense) from each of the universities, colleges, and halls; and these twenty (or forty) representatives or examiners should hold examinations alternately in London, Edinburgh, and Dublin, as required, and all successful candidates should receive *the same* licence or certificate for registration, being that of licentiate in medicine, surgery, and midwifery.

Reason 3. Candidates would probably be better prepared and more deliberately tested by *mixed* examiners from the United Kingdom than simply from their own part of the United Kingdom; while the position of candidates applying for appointments after registration would be less open to local or provincial prejudice. (See Clause 9.)

Suggestion 4. If, however, a triple examining board—*i.e.*, one for each division of the United Kingdom—should be found to be essential to the general agreement of all the existing examining bodies, and so far it would appear to be so—the following would be a fair representation of existing interests. *Twelve members each for the English, Irish, and Scotch boards—i.e.*, the Universities of Oxford, Cambridge, London, Durham, and Victoria, *one each*; the Royal College of Physicians of London, and the Royal College of Surgeons of England, *three each*; and the Worshipful Society of Apothecaries, *one*. *This equals the English board.* The University of Dublin (Trinity College), *two*; the Royal University in Ireland, the King and Queen's College of Physicians in Ireland, and the Royal College of Surgeons in Ireland, *three each*; and the Apothecaries' Hall in Ireland, *one*. *This equals the Irish board.* The Universities of Edinburgh, Glasgow, and Aberdeen, *two each*; and the University of St. Andrews, *one*; the Royal Colleges of Physicians and Surgeons of Edinburgh, *two each*; and the Faculty of Physicians and

Surgeons, Glasgow, *one*. *This equals the Scotch board.* And I would here emphatically add that, whether one or three examining boards be legalised, the general practitioners should be fully represented thereon.

Reason 4. This single (or triple) examining board would equitably represent the influence and interest of all existing examining bodies, while, by thus excluding none, it could not do an injustice to any. (See Clause 9.)

Suggestion 5. After passing the single or triple examining board, I would encourage, or even compel, affiliation to some one or more of the universities, colleges, or halls.

Reason 5. This will satisfy the existing examining bodies as well as exert a beneficial influence upon candidates, both before and after examination and affiliation; while such affiliation might reasonably form the qualification for registering a "*higher title*," thus stimulating ambition to the acquirement of greater professional and scientific knowledge; but the time allowed for affiliation should be amply sufficient for the candidate to obtain the particular "*higher title*" he or she might select. (See Clause 9.)

Suggestion 6. The new Medical Council to be constituted of *only twelve members*, represented as follows: *i.e.*, the twenty existing examining bodies to return *six* members (the universities, *one*; and the colleges and halls, *one*, in England; the universities, *one*; and the colleges and Faculty, *one*, in Scotland; the universities, *one*; and the colleges and hall, *one*, in Ireland); the Crown, *three* (one for each division of the United Kingdom); and the practitioners, *three* (one for each division of the United Kingdom).

Reason 6. A smaller Medical Council would be less expensive, do more work, and give greater satisfaction to the profession, provided its constitution be sound and representation equitable. (See Clause 14.)

Suggestion 7. Colonial and foreign practitioners might reasonably be compelled to pass the *final* State board examination, and also to complete any portion of their previous professional examinations, if such should be considered by the Medical Council or board of examiners to have been insufficient.

Reason 7. Most Continental countries require British qualified practitioners to pass a professional examination previous to being allowed to practise therein, *e.g.*, France, Belgium, Holland, Germany, Austria, Italy, Spain, Switzerland, &c.; while many

of the American medical curricula and examinations are known to be ridiculously short and incomplete; and, on the other side, it may be said that some few of the Continental medical curricula and examinations are even longer and more searching than our own. I do not, however, see much objection to the principle of reciprocity, provided it be carried out upon correct principles of equity as regards privileges, curricula, and examinations. (See Clauses 22, 23, 24.)

Suggestion 8. The penalty for illegally practising should be increased, so as not to exceed, say, *fifty* pounds.

Reason 8. Persons who have been successfully prosecuted for practising unlawfully, have readily and easily paid a penalty "not exceeding *twenty* pounds," and have continued to violate the law; examples of which could be readily adduced, if required. Protecting the new penal clause, by making it illegal to practise *for gain, fee, or any other form of payment*, should be an *essential* provision, since the mere prohibition of certain titles has been found to be all but useless, for, by qualifying *any* of these titles *by an adjective or a noun or the words "not registered,"* the law is evaded, and successful prosecution becomes doubtful, or even frustrated. It would be easy to give examples of this evasion; most large towns and cities afford ample evidence of such. I trust the House of Commons will especially fortify this part of the Bill, and that equally to women as to men. (See Part iv., Clause 28.)

Suggestion 9. Some distinctive title for licentiates and graduates in midwifery or obstetrics should be inserted after those of "physician, surgeon," etc.; and for this purpose the title "accoucheur" or "obstetrician" would be appropriate, the former having been already in use for the past half-century; while the Royal College of Surgeons of England ["Examinations suspended until further notice,"] and the two Royal Colleges of Physicians and Surgeons in Ireland have *each* long conferred a registrable licence in midwifery; and the two Universities in Ireland now confer a degree or diploma in obstetrics, though not, as yet, accepted for registration.

Reason 9. A *protected* title for licentiates or graduates in midwifery, such as I have just suggested, has long been felt to be a want in the profession; while many registered licentiates in midwifery have hitherto abstained from using any distinctive title, because *unqualified* persons have sometimes styled themselves "accoucheur," although more frequently they have used

the compound title of "surgeon-accoucheur." (See Part iv., Clause 28.)

Suggestion 10. The saving clause in favour of *midwives* would be much better omitted; but if the Bill cannot be allowed to pass without such saving clause, then let it be restricted in favour of those midwives only who have already, or may subsequently, become duly certificated; and the regulations for educating, examining, and licensing midwives should be placed under the control of the Medical Council; and any person using the title "*midwife*," or practising as such *for gain*, without first being duly licensed, should be liable to prosecution and a penalty (of say) not exceeding *ten pounds*.

Reason 10. I consider that in the interests of humanity, the State, and the medical profession, the lives of poor women and infants would be much safer in the hands of registered medical practitioners; and as women are now being freely admitted to qualify in medicine, surgery, and midwifery—equally with men, for all essential purposes—I see much sounder reason in recommending and encouraging this, than for now seeking to legalise the practising of some *fourteen thousand* midwives, most of whom have undergone neither study nor examination for the responsible duties they profess and are permitted, at present, to undertake. To me it has often seemed very like a paradox, that, because Nature frequently performs the parturitive process safely, and unaided by science or art, our British laws should allow two valuable lives to be consigned, on many such occasions, to the care of persons so often found wanting in even the most rudimentary principles of midwifery; while it is fully recognised by the medical profession, that whenever parturition is found to be abnormal, prompt medical and surgical knowledge becomes a *sine quâ non* in the successful application of obstetric art. Doubtless a very considerable number of valuable lives are annually lost through the ignorance of *unqualified* midwives; and such laxity of the law is discreditable to any civilised nation, involves a great responsibility, and ought not to be tolerated by a Christian country like that of Great Britain and Ireland. (See Part iv., Clause 28.)

Suggestion 11. The saving part of Clause 28, in favour of Dentists, would be much more satisfactory to the medical profession, as well as less misleading to the public, if the word "Surgeon" were eliminated from its compound with "Dentist."

Reason 11. Dentists *pure and proper* would lose nothing, but

rather gain something, by ceasing to use the compound title of "Surgeon-Dentist," since the simple title of "Dentist," in the case of those registered without a dental diploma, and the title of "Dental-Surgeon" or Licentiate in Dental Surgery (L.D.S.), in the case of those who have such diploma, is ample and most appropriate; while no person who desires to be recognised as an honourable member of the dental profession can really be desirous of misleading the public into the idea that he, or she, is also a Surgeon, unless such actually be the case. (See Part iv., Clause 28.)

Suggestion 12. After the words "Chemist and Druggist" in Clause 67, the additional words *but that such "lawful occupation or business" shall not include prescribing, diagnosing, or treating diseases or injuries, whether for gain or otherwise,* should follow.

Reason 12. A very general impression—and one that I have seen in the journals of the trade—exists among Chemists and Druggists that they have a right, legal or moral, to engage in the treatment of diseases or injuries whenever so disposed and solicited, so long as they make a charge only for the remedies supplied; and I have little hesitation in saying that many lives are annually lost through such tampering with disease and injury, cases frequently coming under the care of the physician or surgeon when it is found either to be too late to save the life of the patient, or else it involves much additional suffering before convalescence can be restored. Nevertheless, I am inclined to believe that there are many Chemists to be found in the trade, who are desirous of raising it to the rank of a profession, and who, doubtless, do look upon "counter-prescribing" and otherwise dabbling with the treatment of disease, as being *infra dignitatem*, and involving too much responsibility—and all honour to such Chemists, for they will assuredly have their reward in a more honourable sphere of usefulness. (See Clause 67.)

Suggestion 13. After the words "duly licensed Apothecaries," the words "in Ireland" should be omitted, and the words *within the United Kingdom or Her Majesty's dominions*, substituted.

Reason 13. A grade of educated and registered practitioners, such as Apothecaries in England and Ireland are, is a growing want among a very large class of Her Majesty's subjects—Practitioners who are fully educated and licensed to compound and sell medicines, as well as to treat diseases (not of a strictly surgical nature), and who will supply and do the same upon a small scale of charges, and suited largely to the wants of the

artisan classes; and if this were encouraged we should soon hear of fewer complaints against the frequently bad results of 'Chemists' and Druggists' prescribing; while the great working classes would soon find which was most to their own interests, or, in other words, which yielded the best value for their hard-earned money. (See Clause 67.)

Suggestion 14. Clause 69, as amended at Lord Cranbrook's suggestion, allowing a continued existence of the titles already in use, should have the words *registered either under the provisions of the Medical Act, 1858, or of this Act, or the words registered medical practitioner*, in lieu of the word "person."

Reason 14. Suggestion 14 would prevent the possibility of *unqualified* persons continuing to evasively use their present misleading titles. The words "*any person*" are just sufficiently vague and indefinite to allow of, and even encourage, almost every form and example of unqualified practice; while it is undoubtedly putting a stumbling-block in the way of Counsel and Judge who will have to interpret and apply the Act, and this not so much according to its spirit, but rather according to its literal meaning or possible application. (See Clause 69, as amended.)

Suggestion 15. All practitioners who may ~~first~~ become qualified and registered, either under the Act of 1858 or this Act, and who may, ~~subsequently to such registration~~, obtain a colonial or foreign degree, after a course of study and an examination approved by the *Medical Council*, should have such foreign or colonial degree or diploma inserted in the *Medical Register*, as an *additional* qualification, but not necessarily with the right of conferring other privileges than those of enjoying the use of a professional or scientific title.

Reason 15. Suggestion 15 would satisfy the wishes of those registered Practitioners who have subsequently obtained foreign or colonial degrees for the purpose of entitling them to use the prefix "*Dr.*" or the affix "*M.D.*", and who, for various reasons—such as want of time, money, or inability to put in the necessary residence—have been precluded from graduating at any of our own universities. (See Clause 69, amended.)

Suggestion 16. The seventeen Acts to be repealed (headings given in the third schedule) should be published, either *in extenso* or in their abstracts, in the leading medical journals, and *that immediately*.

Reason 16. The profession, as a body, do not fully under-

stand the meaning and extent of these seventeen Acts; while a feeling is prevalent among *some* members of the profession that at least *three* of the present licensing bodies might well be deleted in the new Medical Bill—and I allude to the Apothecaries' Societies of London and Dublin, and to the Faculty of Physicians and Surgeons of Glasgow; though, for my own part, I fail to see the wisdom or justice of such apparent ingratitude, especially when it can be shown that such bodies have performed long, useful, and honoured service, not only in examining and licensing Practitioners, but also in protecting the Public and supporting the State. (See Clause 74.)

I am, Sir, yours faithfully,

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May, 1883.

* * * This very able communication contains much that is worthy of the most careful consideration, and some of the suggestions may find their proper place, in the shape of amendments, when the Government Bill gets into Committee.—Ed.
B.M.J.



